

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA



JORDAN L. RAUCH  
(Enter above the full name of the plaintiff  
or plaintiffs in this action).

# 3405096  
(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 3:20-cv-00664  
(Number to be assigned by Court)

Wayne County DHHR ICPS et al  
Retired Judge Darrell R. Pratt  
Thomas Plymatt  
Judge James H. Youngs Jr.  
(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes ✓ No

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: JORDAN L. RAULH #3405096

Defendants: WV D H H R / CPS ETAL

Darrell R. Pratt Judge (Retired)

Thomas M. Plymle Prosecutor

2. Court (if federal court, name the district; if state court, name the county):

Wayne county Circuit Court Wayne, WV, 25570

3. Docket Number: CC-50-2020-P-62

4. Name of judge to whom case was assigned:

Jason Frye

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

Pending / may withdraw / keep in U.S.D.C.

6. Approximate date of filing lawsuit: 07/06/2020

7. Approximate date of disposition: Pending

II. Place of Present Confinement: Mt. Olive Correctional Complex § 501 (MCC § 5)

A. Is there a prisoner grievance procedure in this institution?

Yes        No       

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes        No       

C. If your answer is YES:

1. What steps did you take? NONE

2. What was the result? NONE

D. If your answer is NO, explain why not: Does Not Pertain to  
W.D.C.R.

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: JORDAN L. RAUCH #3405096  
Address: #1 Mountain Side way Mt. Olive, WY, 25185

B. Additional Plaintiff(s) and Address(es):  
NONE



(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

- C. Defendant: Darrell R. Pratt  
 is employed as: Judge (Retired)  
 at Wayne County Circuit Court Wayne, NC 25570
- D. Additional defendants: James H. Youngs Jr. Thomas M. Plym  
Dee Dee Ferguson, Birdi Ferguson, Helen Walls,  
Constitution of Records Etc

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

SINCE JAN 27 2010 Plaintiff has been trying to  
OBTAIN ANY AND ALL Video tape (DVD'S) & statements  
made BY Wayne County D.H.H.R. / CPS OF KAYLEE SIMMONS  
AND Helen A. MUNCY (HAM) Alleging sexual ABUSE  
BY Plaintiff in 2005 These Video / statements could  
Help me with my Health Care & Appeals Defendants  
Pratt, Dee Dee Ferguson Birdi Ferguson, Plym, Youngs, Walls  
& The Constitution of Records Have Refused this

IV. Statement of Claim (continued):

Request For (1c) TEN years New witch  
IS INTERFERING with my Lease Procedures

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

Plaintiff prays that this honorable court  
order the defendants to Release all  
video/DVD's & statements Plaintiff also  
ASK For \$10,000 For Suffering & stress & Punitive  
Damages of the court as well as ANY Attorney  
Fees AND ANY & all other Relief this court  
deems Just & Fit

V. Relief (continued):

N/A

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

ERIC ANDERSON ESQ IS MY HEALTH CORPUS ATTORNEY  
PHONE # (304) 781-0070

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes \_\_\_\_\_

No ☒ \_\_\_\_\_

If so, state the name(s) and address(es) of each lawyer contacted:

N/A

If not, state your reasons: I CAN NOT AFFORD COUNSEL

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes ☒ \_\_\_\_\_

No \_\_\_\_\_

If so, state the lawyer's name and address:

SEAN W. COOK MEYER, KORD GLASSER & RADMAN PLLC  
Charleston, WV

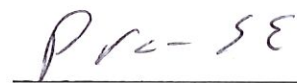
Signed this 22<sup>nd</sup> day of September, 20 20.

  
Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/22/2020  
(Date)

  
Signature of Movant/Plaintiff

  
Signature of Attorney  
(if any)